



Jan 31 1997 8:00am
Secretary of State

[illegible]

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
BENSON, ROWLAND 14300 SW 30 CT. DAVIE FL 33330		81	Name Terrisa Mears		
		82	Street Address (P.O. Box Number is Not Acceptable) 4051 SW 73 AVE		
		83			
		84	City DAVIE	State FL	Zip Code 33314

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STV	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, NITA F.	1.2 NAME	
STREET ADDRESS	14300 S.W. 30TH COURT	1.3 STREET ADDRESS	4410 Sweet Owen Rd
CITY - ST - ZIP	DAVIE FL	1.4 CITY - ST - ZIP	OWENTON, Ky 40359
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, ROWLAND T.	2.2 NAME	
STREET ADDRESS	14300 S.W. 30TH COURT	2.3 STREET ADDRESS	4410 Sweet Owen Rd.
CITY - ST - ZIP	DAVIE FL	2.4 CITY - ST - ZIP	OWENTON, Ky 40359
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nita Benson NITA BENSON 1-11-97 502-484-3709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #